

## GEORGIA DEATH CERTIFICATE

State File Number **2021GA000055745**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) <b>DESMOND DESHAUN MORGAN</b>		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX <b>MALE</b>		2a. DATE OF DEATH (Mo., Day, Year) <b>ACTUAL DATE OF DEATH 04/03/2021</b>	
3. SOCIAL SECURITY NUMBER <b>252-63-1947</b>		4a. AGE (Years) <b>33</b>		4b. UNDER 1 YEAR Mos.		4c. UNDER 1 DAY Days Hours Mins.	
5. DATE OF BIRTH (Mo., Day, Year) <b>10/30/1987</b>		6. BIRTHPLACE <b>GEORGIA</b>		7a. RESIDENCE - STATE <b>GEORGIA</b>		7b. COUNTY <b>FULTON</b>	
7c. CITY, TOWN <b>ATLANTA</b>		7d. STREET AND NUMBER <b>3820 OLD CASCADE ROAD APT O-2</b>		7e. ZIP CODE <b>30331</b>		7f. INSIDE CITY LIMITS? <b>YES</b>	
8. ARMED FORCES? <b>NO</b>		8a. USUAL OCCUPATION <b>TRUCK DRIVER</b>		8b. KIND OF INDUSTRY OR BUSINESS <b>TRANSPORTATION</b>			
9. MARITAL STATUS <b>MARRIED</b>		10. SPOUSE NAME <b>RACHEL ONYEWELEIHI LUCKY</b>		11. FATHER'S FULL NAME (First, Middle, Last) <b>CALVIN NOT STATED</b>			
12. MOTHER'S MAIDEN NAME (First, Middle, Last) <b>CHERYL MORGAN</b>		13a. INFORMANT'S NAME (First, Middle, Last) <b>JACQUELINE MORGAN</b>		13b. RELATIONSHIP TO DECEDENT <b>SISTER</b>			
13c. MAILING ADDRESS <b>3820 OLD CASCADE ROAD APT O-2 ATLANTA GEORGIA 30331</b>		14. DECEDENT'S EDUCATION <b>12TH GRADE COMPLETED BUT DID NOT GRADUATE</b>					
15. ORIGIN OF DECEDENT (Spanish/Hispanic/Latino) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) <b>BLACK OR AFRICAN-AMERICAN</b>					
17a. IF DEATH OCCURRED IN HOSPITAL <b>INPATIENT</b>		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)					
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) <b>NORTHSIDE HOSP</b>		19. CITY, TOWN or LOCATION OF DEATH <b>ATLANTA</b>		20. COUNTY OF DEATH <b>FULTON</b>			
21. METHOD OF DISPOSITION (specify) <b>CREMATION</b>		22. PLACE OF DISPOSITION <b>WEST GEORGIA CREMATORY 5756 B HARRISON AVENUE AUSTELL GEORGIA 30106</b>		23. DISPOSITION DATE (Mo., Day, Year) <b>04/26/2021</b>			
24a. EMBALMER'S NAME <b>FRANK PIPPINS</b>		24b. EMBALMER LICENSE NO. <b>3175</b>		25. FUNERAL HOME NAME <b>GUS THORNHILLS FUNL HM INC</b>			
25a. FUNERAL HOME ADDRESS <b>1315 GUS THORNHILL, JR. DRIVE BOX 91384 EAST POINT GEORGIA 30344</b>							
26a. SIGNATURE OF FUNERAL DIRECTOR <b>ANNELL THORNHILL</b>		26b. FUN. DIR. LICENSE NO. <b>3706</b>		AMENDMENTS <b>8/17/2023 10, 9</b>			
27. DATE PRONOUNCED DEAD (Mo., Day, Year) <b>04/03/2021</b>		28. HOUR PRONOUNCED DEAD <b>10:27 AM</b>		29a. PRONOUNCER'S NAME <b>BISWASHREE CHAUDHURY</b>			
29b. LICENSE NUMBER <b>067401</b>		29c. DATE SIGNED <b>04/03/2021</b>		30. TIME OF DEATH <b>10:27 AM</b>			
31. WAS CASE REFERRED TO MEDICAL EXAMINER <b>YES</b>		32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, Or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. <b>MULTIORGAN SYSTEM FAILURE</b>		Approximate interval between onset and death <b>DAYS</b>			
		B. Due to, or as a consequence of <b>PROLONGED DOWN TIME AFTER MULTIPLE EPISODES OF CARDIAC ARREST</b>		<b>DAYS</b>			
		C. Due to, or as a consequence of <b>METHAMPHETAMINE TOXICITY</b>		<b>DAYS</b>			
		D. Due to, or as a consequence of					
Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death.		33. WAS AUTOPSY PERFORMED? <b>YES</b>		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <b>YES</b>			
35. TOBACCO USE CONTRIBUTED TO DEATH <b>NO</b>		36. IF FEMALE (range 10-54) PREGNANT <b>NOT APPLICABLE</b>		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) <b>ACCIDENT</b>			
38. DATE OF INJURY (Mo., Day, Year) <b>03/26/2021</b>		39. TIME OF INJURY <b>17:03 MILITARY</b>		40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify) <b>RESIDENCE</b>		41. INJURY AT WORK? (Yes or No) <b>NO</b>	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County) <b>506 PHARR ROAD NE APT 201 ATLANTA GEORGIA 30305 FULTON</b>							
43. DESCRIBE HOW INJURY OCCURRED <b>TOXIC EFFECTS OF METHAMPHETAMINE RESULTING IN CARDIAC ARREST</b>		44. IF TRANSPORTATION INJURY <b>NO</b>					
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) <b>/S/ JACQUELINE ANN MARIE BENJAMIN MD 86558</b>		46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.) <b>/S/ JACQUELINE ANN MARIE BENJAMIN MD 86558</b>					
45a. DATE SIGNED (Mo., Day, Year)		45b. HOUR OF DEATH		46a. DATE SIGNED (Mo., Day, Year) <b>07/21/2021</b>		46b. HOUR OF DEATH <b>10:27 AM</b>	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>JACQUELINE ANN MARIE BENJAMIN 430 PRYOR STREET ATLANTA GEORGIA 30312</b>							
48. REGISTRAR (Signature) <b>/S/ CHRISTOPHER JP HARRISON</b>		49. DATE FILED - REGISTRAR (Mo., Day, Year) <b>07/26/2021</b>					